

**CLAIMS ONLY**

**Application Number**

101849379

**Filing Da**

5120104

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/						51			
2	/						52			
3	/						53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8	/						58			
9							59			
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12	/						62			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	2						Total Indep			
Total Depend	20						Total Depend			
Total Claims	22						Total Claims			